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## ORIGINAL DEPARTMENT.

### Communications.

#### PENETRATING WOUND OF THE HEART. AUTOPSY.

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The following statement of circumstances attending the killing of prisoner of war, private BENJ. HURT, Co. A, Cobbs' Ga. Legion, with notes of an autopsy held May 8th, 1865, may prove of interest to some of the readers of the REPORTER. It may be premised that this camp was established April 13th, 1865, and the prisoners were very efficiently guarded for some eight weeks, by a negro regiment.

About half past ten, P.M., May 7th, I was sent for to see a prisoner who had been wounded by a sentinel. On arriving at the hospital, accompanied by Drs. STEINMETZ and FRITZ, Act'g Ass't Surgeons U. S. A., and attached to this camp, I found him lying on his left side, with his knees drawn pretty well up, and his body bent forward. He complained considerably of pain in any position, and begged for some morphia. On examination I found a triangular shaped opening on the posterior portion of the thorax, two inches below the inferior angle of the scapula, and four inches to the right of the spine. On examination with the probe, I found that the probe ran down beneath the skin for two or three inches, but was unable to detect any opening into the thorax. The patient complained of pain, and no change of position seemed to relieve it. His pulse was good, but slightly accelerated. His respiration was very little, if at all affected. The expression of his countenance was slightly uneasy. There was a very slight oozing from the wound. After a consultation, we concluded that it was a non-penetrating wound of the chest. The wound was covered by a piece of dry lint, fastened to the chest by adhesive plaster. A grain of morphia was given him, with directions to give him half a grain in an hour if he was not relieved, and to send for the medical officer of the day, (who slept

inside the camp,) or for me, if the man became worse. Toward morning he became delirious, and died about sunrise, without the ward-master having sent for any of the surgeons. The account given to the ward-master and one of the nurses by the prisoner is as follows: A little after 10 o'clock, P. M., he went down to the sink, which is built out into the river on piles, and has a gallery on two sides of it. The prisoners were in the habit of going out on this gallery to urinate. Ignorant of its being a violation of the rules to go to the gallery at night, he went out on it, and while in the act of urination the sentinel halted him. He turned to come back, and when opposite the sentinel, he heard an officer give the order, "Bayonet him," which the sentinel accordingly did. HURT further stated that the stroke jarred him very much. I do not vouch for the truth of HURT's account; for though there was a board of investigation, nothing further than its approval of the action of the sentinel was made public; therefore HURT's is the only account I have. After being wounded, HURT walked from the sink to the hospital, a distance of about 200 yards, assisted by the sentinel and officer of the guard.

At my request Dr. FRITZ made an autopsy at 10 o'clock on the morning of the 8th; at which were present the whole medical staff—eleven in number—except the surgeon in charge, also the chaplain of the regiment on guard, and the military officer of the day.

The triangular opening, as before stated, was four inches to the right of the spine, and two inches below the inferior angle of the scapula. On tracing the path of the bayonet, it was found to have gone downward and to the left, some two inches, beneath the skin, when it entered the ninth intercostal space. Upon opening the thorax, nearly its entire cavity was found filled with clots and semi-fluid blood, of a dark-red hue. The opening in the ninth intercostal space was found, and the further course of the bayonet was traced where it had torn through the outer and right edge of the intervertebral disc, between the ninth and tenth dorsal vertebrae and the ninth dorsal vertebra. The lungs were found to be uninjured. The pericardium contained a clot of bright-red

hue, about the size of a large hen's egg, and several ounces of bloody serum. A small triangular spot was seen on the posterior portion of the base of the left ventricle. The probe sank into the triangular spot by its own weight merely, and on opening the left ventricle, it was found to be a penetrating wound of the heart. The opposite surface of the ventricle was entirely uninjured. The vena cava ascendens was probably pierced by the bayonet, though it was impossible to find the opening, owing to the dense fibrous clots surrounding the vessels and pervading the cellular tissue. This supposition accounts for the large venous hemorrhage, and is entirely probable, as the vena cava ascendens is in the course of the bayonet. As to why the bayonet took such a course, I cannot tell, but suppose the man must have been in the standing posture when struck and stooped suddenly forward: or the sentry having hold of the piece, after striking a downward blow, must have suddenly depressed the butt, thus giving the point of the bayonet an upward course.

#### IS THERE ALBUMINURIA IN EPILEPSY? Consequences in regard to its diagnosis with Eclampsia.

(Translated from the Inaugural Thesis of M. Salliy.)

By ROSS R. BUNTING, M.D.,  
Of Philadelphia.

Epilepsy and eclampsia of pregnant women are two convulsive diseases, which present symptoms so identical, that authors have regarded them as one and the same affection. M. CAZENU (*Traité d'Accouchements*, p. 787, 1853.) describes eclampsia under the name of puerperal epilepsy. "What is eclampsia compared with epilepsy?" says M. TROUSSEAU, and vice versa.

"Regarding its convulsive form only, epilepsy, whether essential or symptomatic, is nothing but eclampsia à retours, and eclampsia is merely transitory and accidental epilepsy."—*Gazette des Hôpitaux*, 1861, No. 19.

According to the opinion of M. MOREAU (de Tours) epilepsy and eclampsia, in regard to their form, are one and the same disease, the cause alone differing; he makes a difference between chronic and essential epilepsy, with periodical attacks, incurable in the present state of our knowledge, and epileptiform attacks, (symptomatic epilepsy,) having all the characters of epilepsy, but which supervening under the influence of an acute disease, as apoplexy, typhoid fever, verminous diseases, myelitis, or occurring during dentition and labor, attacks to which J. FRANK has reserved the name of eclampsia. These at-

tacks cease with the disease of which they are only a symptom.

VALLEIX (*Guide du Médecin Practicien*, tome iv., 1851,) defines epilepsy, "a nervous apyretic disease, characterized either by sudden attacks returning at variable intervals, the symptoms of which are sudden loss of consciousness, convulsions, and difficulty of respiration."

Thus their only absolute difference are the chronicity and periodicity of epilepsy. But even with these characters very good in themselves, but insufficient, it is necessary to await a subsequent attack before establishing a diagnosis. May it not happen that a woman can have a first attack of epilepsy during pregnancy, which may return at a later period? In regard to the causes of epilepsy some authors consider pregnancy as a determining cause of this disease; others, on the contrary, affirm that pregnancy delays epileptic attacks. The question will always present itself to the physician, whether the disease is systematic or essential, curable or incurable. It is not in the causes, but in the symptoms that we are to find the elements of a good diagnosis; we will consider each of them and endeavor to find out if there be one certain sign of the disease of which we are treating.

The precursory phenomena of the two diseases are identical; the eclamptic attack very rarely comes on unawares to the patient; there are generally present some irascibility of temper, pain and heaviness in the head, some difficulty of respiration, vertigo, dimness of vision, tinnitus aurium, different nervous symptoms; we have the same in epilepsy. If in epilepsy these prodromic symptoms have been known to be absent, is not the same in eclampsia? "In the commencement of an epileptic attack," says M. BEAU, "the patient utters a loud cry, then falls with loss of consciousness." M. TARNIER has made use of this symptom in the diagnosis of eclampsia, for in the latter disease there is perfect silence, never any warning cry. This would be an important diagnostic sign, if the cry were always present, but this is far from being the case in every epileptic attack. I have seen at the Salpêtrière (hospital) women who never uttered a cry, the nocturnal attacks coming on so suddenly, that if they were not watched with the strictest attention, they would be found dead, asphyxiated under their coverlets; rare accident it is true, but of which there have been cases in this establishment. We may add, that the physician is rarely present at the commencement of an attack. It has been said that in epilepsy there was always an *aura*; that the beginning of the attack was more sud-

den than that of eclampsia; this, however, has not been proven; besides it is very difficult to form an opinion about a greater or less degree of suddenness. Has not the *aura* been contested by M. CALMEIL? and all those who have seen cases of epilepsy, know that the attacks are sometimes so sudden, that the patient himself cannot foresee them. In the different phenomena of the attacks, the differential diagnosis has also been sought for; thus, it has been said that there was a difference in the form of the convulsions; in epilepsy there were rapid jerks; in eclampsia violent torsion of the limbs. But in these two affections the convulsions are identical; in both tetanic stiffness, twisting of the limbs, tonic and clonic convulsions. But there is one phenomenon which is of great importance; this is the involuntary evacuations. During the attack of eclampsia, the patients do not urinate; there are no involuntary evacuations; in epilepsy, on the contrary, there always are. There are, however, some exceptions to this rule. I observed at the Salpêtrière hospital an epileptic patient who during her attack never urinated; it was necessary to draw off her water. From the 24th February until the 12th of March, she never urinated alone; since the last date, there is incontinence of urine. From what I have been able to learn, this incontinence will last about a fortnight, when she will be as well as before the occurrence of the epileptic attack.

But if the involuntary emission of urine does not take place in all cases of epilepsy, it is rarely absent, whilst in eclampsia it never exists. It was no doubt by mistake that M. CAZEAUX admitted the existence of involuntary evacuations in eclampsia; for authors who have written on this subject, and M. BLOT in particular, have never observed it; it is necessary to make use of the catheter during the attack if you wish to examine the urine. Some authors have affirmed, that in epilepsy the comatose period is of less duration, that the patient returned to consciousness much sooner; they probably meant the simple cases, for there are paroxysms which are no sooner finished than another commences, so that there may be a series of fifteen, twenty, even twenty-five successive paroxysms, during which the patient does not return to consciousness. From what we have mentioned of the principal symptoms, it appears there is not one of them which is peculiar to either of these two diseases. Neither in the prodromic symptoms, nor in the phenomena of the paroxysm, do we find any element of diagnosis. From the similitude of the symptoms must we conclude that these two affec-

tions are identical? We must admit a capital difference between them, the proof of which we have in the treatment. Do we not succeed in suspending for a time the eclamptic phenomena by the administration of chloroform? This heroic plan of treatment, recommended by SIMPSON, renders us here important service. Is it the same in epilepsy? M. MOREAU (de Tours) has tried the anæsthetic method with his patients at Bicetre, but he was obliged to renounce it, as convulsions of a tetanic form followed its administration in several instances. We are obliged to recognize the fact, that these two diseases, the manifestations of which are identical, are essentially different as to their nature; this is a very important fact in reference to their prognosis. There is one symptom almost constant in eclampsia, the importance of which has been much insisted upon, and which, according to our experience, is *the principal symptom* in the diagnosis of these two diseases; I allude to albuminuria.

#### Albuminuria in Eclampsia.

Having experienced the difficulty of obtaining a certain diagnosis in eclampsia, M. BLOT suggested that perhaps, by a comparison of the urine of the two diseases, a solution of the difficulty might be obtained; he advised me to make researches in this respect among epileptic women. It is a fact admitted by almost every one, that albumen always exists in the urine of women affected with eclampsia. M. BLOT, in his Inaugural Thesis, (1849,) has shown by experiments, that in eclampsia the urine always contains albumen, very often in great quantities; it is true that this author only mentions seven cases of eclampsia, but since that time he has seen a great number, and has always found the urine albuminous. He has demonstrated besides that during the attacks, the urine secreted contains more albumen, than when there are none; that in almost every case the cause of the albuminuria is owing to a simple renal hyperæmia, a mere functional trouble of the kidneys; that primipara seem more subject to albuminuria and eclampsia; that all the cases of eclampsia he has observed have been accompanied with albuminuria, although the converse is not true, for there are many pregnant women with albumen in their urine without being affected with eclampsia; that albuminuria disappears soon after delivery, never to return, and that it sometimes disappears after the paroxysm, reappearing at the next attack. MM. SIMPSON, LESER, SABATIER, LEGROU, and others, have confirmed the above facts. "Every woman affected with eclampsia," says M. BECQUEREL, "at the moment of labor,



presents albumen in the urine." M. DEPAUL reported two cases of eclampsia without albuminuria, observed by M. MASCAREL, besides the one given by LESER in which there was none, and in which at the autopsy there were found traces of meningitis. Was it eclampsia or meningitis?

M. BLOT at Hôpital des Cliniques, in two different cases, seeing the patients in a deep coma, did not hesitate to diagnosticate meningitis on account of the absence of albumen in the urine; which diagnosis was confirmed at the autopsy. Whatever importance these rare exceptions may present, we may ask ourselves two questions: Was this really eclampsia? Have the researches been made with care?

M. BLOT, in his researches on the albuminuria of pregnant women, mentions several cases in which the urine being alkaline, the albumen was not precipitated by heat, but a few drops of nitric acid gave quite an abundant precipitate; whence the necessity of always remarking the alkalinity or acidity of the urine before the experiment.

Admitting that there may have been no error in the exceptional facts mentioned above, we can still regard albuminuria as almost always constant in eclampsia.

These facts established, I was desirous of ascertaining if the same existed in epilepsy.

[To be continued.]

## ON DISEASES OF THE INTERNAL EAR.

By LAURENCE TURNBULL, M.D.,

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(Continued from page 72.)

### 1. Dysecoia Labyrinthica.

**Causes.** Congenital defective formations of the labyrinth have been observed which approximate to those of the lower animals, for instance, the cochlea, vestibule, and semi-circular canals formed one irregular cavity without any membranous opening into the tympanum. In other cases, the cochlea was found developed without a spiral, in the form of a sac, or rudimentary, with only one or one and a half turns in its bony walls; in other cases, one or two only of the three semi-circular canals were present; the labyrinth fluid was transformed into a thick jelly, etc. etc.

Acquired dysecoia labyrinthica may be, with a few cases of true neuroses, always referred to pathological changes in the labyrinth, which occasion a manifest acoustic injury. To these belong, as TOYNBEE also shows: 1, qualitative and quantitative changes in the labyrinth fluid;

2, qualitative and quantitative changes in the tunica retina, since according to acoustic principles, only thin membranes have the power of conducting the sound from the labyrinth fluid to the fixed bodies, the nerve endings, and if too thick, (*e. g.*, indurated hyperæmic tunica retinae,) or too thin, (*e. g.*, atrophied tunica retinae,) this power is impaired. But as no acoustic hardness of hearing passes a certain point, so no organic nervous structural changes in the labyrinth can fully destroy the condition of sound vibration by the bones of the head, and therefore in all these cases the tuning-fork can be heard.

If now on the one hand, an attempt at a minute diagnosis of all possible structural changes in the labyrinth during life should give rise to futile hypotheses, yet on the other hand, we have obtained sufficient data to warrant us in risking an attempt to diagnose some of them with some precision. At the same time, we will use as great simplicity as possible, and continually bear in mind that in science we must always make errors before we arrive at truth. Without starting on the race, how can we expect to reach the goal.

According to my clinical experience, I shall at present describe five forms, which are distinguished by important symptoms, and in the treatment of which I have had very favorable results, viz.

1. Apoplexies and hemorrhages, greater or less, generally in the nervous tunic, sometimes in the periosteum.

2. Chronic inflammation, hyperæmic and structural changes in the nervous tunic, hypertrophies and atrophies.

3. Inflammations of the periosteum with its extensions into the labyrinth fluid.

4. Reflex-relations.

5. True dynamical neuroses, peripheral anaesthesia, and atrophy of the auditory nerve.

The diagnosis of extravasation of blood from the vessels of the nervous tunic is best shown by an example.

A man over fifty years of age consulted me on Jan. 17th, 1857, who had been perfectly deaf in the left ear since childhood, but had enjoyed good hearing in the right ear until a few days before. He had caught cold, and suddenly experienced a humming in the ear attended with dullness of hearing, (the result, in my opinion, of congestion of the nervous tunic of the labyrinth.) An acquaintance advised him to apply warm herb satchets; he applied them rather too warm to the ear, and suddenly entirely lost his hearing, without however experiencing pain. The unbearable humming was continual from this time.

\* From Erhard.—Rationelle Otiatrik nach klinischen Beobachtungen bearbeitet. Erlangen, 1839.

The case presented the following symptoms on Jan. 17: perfect condition of the general health, absence of all cerebral symptoms, with loss of hearing, conduction by the bones of the head of the watch, but not of the tuning-fork. The acoustic apparatus was perfectly normal, hearing distance scarcely one inch for the case-watch, power of understanding speech impaired. The cause could then exist only in the labyrinth, all symptoms of inflammation were wanting, there was no pain, the commencement was abrupt, and this taken together with the exciting cause, made it more than probable that the case was one of hemorrhage from congested capillaries, and that the subjective hearing (the humming) was caused by the pressure of the extravasated blood, whilst at the same time impressions of the auditory nerve fibres could not be taken in.

*Treatment.* The indication was to cause the absorption of the extravasation in the labyrinth, without however there being any necessity for our diagnosticating in what portion of the labyrinth it exists, whether in the vestibule or cochlea?

The patient was ordered to remain in bed, to apply ten leeches, and to allow the bleeding to continue for half an hour, to take an emetic, and to apply in the evening a good-sized mustard plaster to the nape of the neck. On the 18th, another application of four leeches was made, and instead of the mustard plaster a strong fly blister was applied, and perspiration encouraged by warm decoctions for drink. On the 20th, a slight improvement was manifest, for the same watch, which on the 17th, could not be heard at all, could now be heard at the distance of two inches. I now began the use of iodide of potassium with infusion of senna, making at the same time counter-irritation at the nape of the neck. I continued this treatment eight days, and had the satisfaction of witnessing a daily improvement as the absorption of the extravasation went on, and on the 31st of January I left him cured.

It is possible that the absorption might have taken place spontaneously, but it is also possible that it might have caused a pigmentary deposit or other metamorphoses.

With this is connected

*a. Hardness of hearing resulting from concussion and explosion.*

I have already mentioned, when treating of hemorrhages, that they may come from the capillaries of the external meatus and tympanum, as the result of jars, falls, pressure, or violent explosions. We have no cause for doubting that similar hemorrhages may take place in the ner-

vous tunic of the labyrinth, richly endowed as it is with vessels. If therefore any one suddenly becomes deaf without pain, after a fall, a blow on the ear, an explosion, or the like, and if at the same time we have destruction of the power of hearing watches by conduction of the sound by the bones of the head, whilst at the same time there is absence of cerebral symptoms, and integrity of the acoustic apparatus, we may consider the case as one of hemorrhage, varying in degree according to the degree of deafness. The nervous deafness of smiths and artillerymen is really a continued capillary apoplexy, although it comes on chronically, (for it is probably made up of a succession of acute hemorrhages,) and especially have we reason to believe so when we consider how strong an impression a violent blow of the stirrup on the vestibule, and in this manner a direct concussion of the nervous tunic, must produce.

I should doubt the taking of an impression by the auditory nerve in such cases, because the auditory nerve does not ramify in a hard medium, but in a perfectly moveable swimming membrane.

As we might suppose, hemorrhage after violence may sometimes be of a complicated nature. On Feb. 6th, 1856, a physician of the place brought me a soldier who had received, about six weeks previously, a couple of violent blows on the ear from an officer. There was an immediate discharge of blood from the ears and nose, and the soldier fainted and became deaf in both ears. Hemorrhagic discharge from the ear, in my opinion, comes only from the dermoid layer of the external meatus, for a rupture of the membrana tympani is rare, and even when it exists, it would not give free exit to blood extravasated in the tympanum. Afterward the patient was attacked with meningitis, which had a fortunate termination. On Feb. 6th, his case presented the following symptoms:

Bony conduction was wanting, the hearing distance on both sides for a clock-watch was half a foot, for a bell three feet; no symptoms involving the cerebellum, no paralysis of the facial, no change in the voice; a case therefore of peripheric-nervous deafness.

In addition to this, the external meatus was catarrhally inflamed, as was also the membrana tympani, in which also there existed a perforation. Inasmuch as the discharge was for a long time after the attack mixed with blood, I diagnosed that there existed also a hemorrhage into the various cavities of the ear, and a metamorphosis of the extravasated blood in the labyrinth. Of

course, all that I could do was to treat the chronic catarrh, but not the deeper-seated malady.

A violent cold may also cause apoplexies of this nature. On May 3d, 1855, a merchant of fifty years of age, from Trieste, consulted me, who, during a night-watch in the year 1848, suddenly became affected with hardness of hearing, unattended with pain, but with the most tormenting humming in the ear. Although his hardness of hearing had lasted ten years, it had not increased, and the tuning-fork could be heard by bony conduction, although watches could not, and a pocket-watch could be heard at a distance of several inches, and he could understand speech well, but the humming in his ears robbed him of all pleasure in life, and made him a perfect hypochondriac.

*b. Chronic inflammations of the nervous tunics and their results.*

Inflammations of the nervous tunic are very frequent, the characteristic symptoms are the continual humming unattended with pain, together with abolished bone conduction, and in the commencement, the hearing is only slightly affected; along with this is the pathognomonic symptom that the secretion of cerumen is never normal, but this symptom has diagnostic value only in those cases in which the malady is confined to one ear and the secretion is present in the other. We distinguish between the subacute and the chronic form of the commencement; in the subacute form, the patient can generally mark the period of commencement, in the chronic form he cannot. The subacute form is either confined to one side, as hyperæmia rheumatica, or exists on both sides, as hyperæmia catarrhalis, and in these cases is always an accompaniment of other rheumatic or catarrhal affections.

If a person tells us that he experiences humming in the ears and loss of hearing simultaneously with catarrh of the nasal passages, we conclude that the case is one of extension of the catarrh to the tympanum; if however we bring the watch to aid our diagnosis, we correct our error, for we then perceive that bony conduction is wanting, and finally we also correct our error by the use of the catheter. The same thing happens if there is a simultaneous catarrh of the digestive or respiratory passages.

The chronic form comes on perfectly, gradually, generally coincident with or following the suppression of customary secretions, such as the perspiration from the feet, etc., or after a disturbance in the circulation of parts whose vessels have an anatomic connection with those of the ear, after a too close cutting of the hair, or its falling out,

finally from the effects of cold, either remaining too long with the head uncovered in a cold atmosphere, or in the injudicious use of cold baths, sea-bathing, the use of frictions or cold water cures. The absence of cerumen is constant, as is also its return on the disappearance of the congestion and humming.

Finally, this congestion may appear as an attendant of inflammations of the surrounding parts, such as the meatus and the tympanum, as we have already seen, but in such cases pain is present.

[To be continued.]

**PATHOLOGY AND TREATMENT OF ULCERATIVE INFLAMMATION OF THE SPINE.**

BY BENJAMIN LEE, M. D.,

Of Philadelphia.

*Read before the Medical Society of the State of Pennsylvania, at its sessions at Altoona, June, 1865.*

(Continued from page 60.)

But many of my professional brethren will say, "We concede you this argument from pathology. We do not believe any more than you do in the tubercular essentiality theory. We take you on your own ground, and admit that in the greater number of cases we have to combat a traumatic inflammation, whether of the bone itself, of its investing membrane, or of the inter-vertebral cartilage. Why is not counter-irritation in the manner animadverted on, allowable and advisable under these circumstances?" I answer—first, because a strict regard for the ethics of our art, and our honest self-respect, will not permit us to make use of any remedies, however harmless, upon mere theory, if experience has proved them to be inert. Still less, may we suffer the beauty of a theory to lead us to the adoption of means which after a fair trial have failed to establish their efficacy, if their employment is necessarily attended by excruciating pain, nervous irritation, and general exhaustion. The evidence of its utility should be ample and overwhelming, which could lead us to initiate a mode of treatment which is in itself a disease, and which, were any of us suffering from it, would often be sufficient to incapacitate us from the discharge of our ordinary duties.

Because a patient has gotten rid of a persistent pain in the back while a process of counter-irritation has been going on, we have no right to infer that a case of spinal caries has been averted; for, first, pain in the back may have many other causes; and, second, I assert it most positively, *pain in the back is not a characteristic symptom or even a constant accompaniment of true*



*spinal disease.* In the earlier stages of the affection it is indeed rarely present, generally resulting from the undue strain upon the posterior spinal muscles and ligaments, caused by the growing deformity, and to be classed with the ordinary back-ache of debility.

It is a well-known law that lesions of nerve-centres or of main trunks exhibit their earliest and often their only manifestations, not at or near the seat of disturbance, but at the extremities of the nerves which have their origin at this point, and a recognition of this law would lead us to anticipate what careful observation will confirm, that, with the exception of deformity, the symptoms of commencing caries of the vertebrae are all general in their character, and at a distance from their source.

But, secondly, this treatment has not even the apology of a plausible and well-reasoned theory to bolster it up. Our standard writers on *materia medica*, prominent among whom stands PEREIRA, are forced to acknowledge that all attempts to place counter-irritation upon a rational foundation have utterly failed; that it is based on the observed counteraction of certain diseases upon certain other diseases existing at the time of their incipency, is purely experimental and empirical, and is justified only by its results in certain classes of cases.

While I can readily admit the possibility of revulsion when we place the entire intestinal tract in a state of erethism, and excite a copious discharge from all its follicles—while I can understand how an agent which stimulates the capillary circulation of the entire lower extremities may exert a derivative influence from distant parts, it does tax our powers of comprehension to appreciate how a small circumscribed focus of suppuration which possesses no controlling influence over the circulation, can have any other effect than simply to increase general nervous irritability. That it can restore a carious bone to soundness, appears to me the wildest of fancies.

Thirdly, and especially, this treatment is neither advisable nor admissible, because it consumes precious time, and prevents the employment of a means which is infinitely superior. The most that any man can claim for the results of his counter-irritation in any given case, is to fall back upon the miserable conscience-salving subterfuge, "If it had not been used, the patient might have been worse." All that can be asserted for it is negative. But the physician who makes use of complete support and relief from pressure on the diseased surfaces of contact in

this affection, will find to his delight a daily positive improvement which he can trace directly to the treatment which he has adopted.

Let us take the most favorable possible case for the trial—the incipient stage of inflammation, whether traumatic or idiopathic. What condition have we here that does not exist in a case of simple fracture of a long bone? In both there is inflammation of osseous tissue aggravated by motion and pressure. And yet, as Dr. BAUER pertinently suggests, "To what physician has it ever occurred to put a seton or an issue over the seat of a fracture?" Suppose the attempt to be made, and the splints thrown aside as "clumsy mechanical contrivances," who has any doubt as to the result. The parallel is not as forced as might at first sight appear. Did not humanity forbid, I would agree to take any case of simple fracture of the thigh, for instance, and subjecting it daily to the same amount of pressure and irritation that an inflamed vertebra receives, to develop, in the course of a few months or even weeks, locally caries, and generally, as complete a strumous cachexia, as is found in the average cases of Pott's disease, and this even though the leg was girdled with setons and issues.

The records of what hospital, the experience of what physician, do not display examples of caries, hectic, cachexia, and even tubercular depositions in distant organs, as the result of compound and comminuted fractures in perfectly healthy individuals? From this analogy, if we are wise, we shall take our hint for the treatment of the spinal affection. But whatever other means be adopted, in the name of humanity, of conservative surgery, of rational medicine, of common sense, which is but another name for pure science familiarly expressed, and of the professional conscience, itself too often seared with the hot iron of routine, I respectfully but earnestly protest against the continuance of a practice based neither on sound reasoning nor successful experience, which is not only intensely painful and extremely disgusting, but confessedly capable of working injury to the general health, and which entirely prevents the employment of the only rational and successful method of treatment.

Furthermore, I appeal to my professional brethren in behalf of an earlier recognition of the existence of this terrible disease. Why is it that our ears are so often pained by the story the mother so sadly tells us, as her eyes rest on the poor little misshapen sufferer by her side, of the long period of invasion, during which all her maternal anxieties are aroused; how she repeatedly called the attention of her medical adviser

to the child's condition only to have her fears ridiculed; how her own suspicions as to the safety of the spine began to be awakened—she knew not why—only it would seem by a mother's instinct; how the physician's particular attention was invited to this question, and how he still refused to see anything beyond some trifling indisposition and the mother's nervousness; how he even perhaps sustained his opinion, when hard-pressed, by calling to his aid a fellow-practitioner who fully supported his view of the case, until at last the fatal projection began to show itself, and a perceptible and rapidly increasing deformity confirmed all her anxious forebodings, and convinced the unwilling doctor, before whose eyes all this time a train of symptoms had been slowly passing, as marked, as characteristic, and as easily recognizable to a practised observer, as the signs of invasion of measles or scarlatina, nay, even as the eruptions which distinguish those diseases.

In the present somewhat divided state of professional opinion on some cardinal points of treatment, caution may be advisable in condemning what seems erroneous to us in the therapeutics of others, but, in this day, when diagnosis is justly made so prominent a part of a thorough medical education, it is greatly to the discredit of the profession, a veritable *opprobrium*, that the discovery of the existence of an affection so well defined in its symptoms, so disastrous in its results, and so amenable to treatment in its earlier stages, should be not only left to unprofessional acuteness, but so often positively and repeatedly denied by the professional attendant. It is no excuse for such remissness to say that mothers, in their hyper-anxiety, often fancy spinal disease when none exists. The very object of a physician's training, the very theory of his attendance, is that his science, experience, and sagacity will enable him wisely to decide between morbid fancies and well-grounded apprehensions, and he neglects his duty when he carelessly and sweepingly stigmatizes every suggestion of the devoted and anxious parent as the offspring of pure nervousness, and unworthy his sapient consideration. It is quite possible, in the vast majority of cases, for the physician to recognize the disease before any projecting spinous process attracts the attention of the mother, and confutes his deliberately expressed opinion. That this is the case, allow me to show by briefly detailing the symptoms, as nearly as possible in their sequence.

1. Prominent among the early signs—so prominent that I have ventured elsewhere to call it "The Initial symptom," is *pain*, not in the back, not along the spine—for as already said, that is

not a symptom, and is scarcely even seen at the outset—but in the *abdomen*, and generally so circumscribed that we may call it *gastralgia*, although it is doubtful if the intestinal canal be not as much concerned in its production as the stomach. The character of this pain is spasmodic and paroxysmal; I am led to suppose that it arises from spasm of the muscular fibres of the stomach and intestines. It may be caused immediately by the introduction of food into the stomach, by movement or shock to the trunk, as by being lifted, or it may, and perhaps often does, come on without any apparent cause. It is intense and excruciating, often causing most piercing cries; commences suddenly, and as suddenly abates; may be controlled by opium, but yields scarcely perceptibly to ordinary remedies for *gastralgia* or *colic*. In some instances it extends to the sides, and very rarely finds its way round to the back and spine. But this is the exception. After the mother has exhausted her household remedies in vain, the physician is called in. If he belong to what we call among ourselves the old school, he gives a vermifuge; if to the new, bismuth; and failing to relieve it, in either case, he may go on from experiment to experiment, until the actual disease either shows itself and discloses the true nature of the affection, or the pain gradually ceases spontaneously, which it not unfrequently does as the case progresses.

2. Irritability of temper to an excessive degree; nervous impatience and excitability, alternating with malaise and disinclination to exertion. The sudden change in the disposition when relief is procured, is one of the most noticeable features of its treatment.

3. An inability to hold the trunk erect; a constant aiming for support anteriorly; the child, if able to walk, frequently coming to lean on the mother's knee or against a chair, and disliking to be long on its feet.

4. A short, jerking respiration, often quite labored, and accompanied with a slight vocal emission during expiration; often severe and protracted hiccough.

5. A peculiar and altogether characteristic gait and carriage, having for its object the avoidance of shock and concussion to the spine, and its support by the aid of the muscles of the trunk. To this end the feet are held rather wide apart, with the toes either direct or turned in; often very much so. There is a slight bending at the knee and hip, to give a greater opportunity for spring, in relieving the force of a descending or accidental step. The trunk bends slightly forward from the hips; the shoulders are thrown back and ele-



vated, and the involuntary swing of the arms somewhat repressed. The head is often thrown back, the occiput sometimes resting on the upper dorsal spine; (this is very noticeable in infants.) The patient objects to turning his head rapidly; moving the body with it, when the attention is attracted. He avoids stepping down from any height, even that of an ordinary stair; will not run or jump; and when desirous of stooping does so by flexing one knee, the back not bending at all. The key to the aspect is the rigidity of the spine, to the gait, avoidance of shock. The feet are raised but very slightly in walking, thus producing a kind of gliding motion, and also a tendency to trip or strike the toe.

The forward inclination of the body on the hips is sometimes so extreme, that the patient stands or walks habitually with one hand resting on the thigh just above the knee; and as the right hand is generally in use, the left is the one which is thus employed in relieving the pressure from the weight of the trunk. This is often with slight deformity.

6. Coupled with these characteristic symptoms, more than one of which are rarely absent, is usually observed the gradual development of a cachectic condition, palor, emaciation or flabbiness of the muscles, tumefaction of the abdomen, loss or perversion of appetite, and very frequently, failure of the digestive power. In some rare cases, paralysis is the first premonition. Dr. STILLÉ, of Philadelphia, has recently related to me a case in which partial paralysis of the left arm, in an otherwise perfectly healthy, robust young woman, was the first thing to attract the attention of herself or her family. This was followed, at no very long interval, by complete paralysis, both of voluntary and involuntary muscles, and death. Dr. S., with a rare acuteness, diagnosticated caries of the last cervical vertebra, and a post-mortem examination confirmed his opinion; this vertebra being completely perforated by the ulcerative process, which had actually opened into the medullary canal.

With such an array of symptoms, all of which are more or less peculiar to the affection, at his disposal, it is not too much to ask that the physician should not calmly await the evidence that the disease has passed into the stage of ulceration and absorption, before he can make up his mind as to its existence.

One word of caution, and I have done. Let no physician base his opinion as to the existence of the disease on the presence or absence of tenderness at the suspected point. Its occurrence is only less rare than that of spontaneous pain;

and when present, it is accidental. The sufferings of the patient result from the vertical pressure produced by the weight of the head and trunk. A horizontal force applied to the projecting spine not only cannot increase it, but may, if it exert any action, diminish it; and hence prove grateful rather than painful to the patient. There is too much reason to fear that the tenderness which some physicians are so successful in discovering, is simply due to the bruising of the attenuated tissues by their own thumbs and knuckles.

We are fond of claiming it as one of the results which medical science has reason to be proud of, that the sad disfigurement of the human face produced by that once fearful scourge, small-pox, pains our eyes so much less frequently than it did those of our fathers; and enthusiasts have even been found to express the conviction that one day the discovery of JENNER would render such a sight entirely unknown. What vaccination has done for variola—careful diagnosis, coupled with judicious mechanical treatment, may yet do for gibbus; and it is not too much to hope that we may live to see the time when the horrible deformities which almost daily meet our eyes, will, save as the result of direct violence, become so rare as to be only objects of scientific interest.

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
April 12th, 1865.

SURGICAL CLINIC BY PROF. GROSS.

Reported by William T. Bullock, M. D., of Rhode Island.

Scirrhus of the Mammary Gland.

May 3d. 1. Mrs. H., forty-five years of age. This woman first presented herself on the 22d day of March last. At that time she had a hard movable tumor of the breast, which was the seat of much lancinating pain.

The tumor had existed for three years, but had not been a source of annoyance from its pain until within a year. The breast was indurated, and the nipple retracted. Some of the axillary glands were enlarged and indurated.

The breast was removed, the incision through the integument being made of an elliptical shape, so as to include the nipple, and to correspond in its direction with the fibres of the great pectoral muscle.

The parts are now looking well, although there is some hardness of the tissues around the cicatrix, owing to the effusion of plastic matter, and the granulations at some points are too exuber-

ant. One part of the tincture of iodine diluted with two parts of alcohol should be applied to the indurated surface, and the granulations having been trimmed off with the scissors, must be touched with the solid nitrate of silver. The use of tonics, and milk-punch, previously prescribed, must be continued.

2. Hannah J., thirty-six years of age. The disease is of seven month's duration, and is now in the stage of ulceration. The affection apparently commenced in the parts between the breast and axillary glands. The great pectoral muscle is now both overlaid and underlaid by the tumor, and the entire breast is indurated from the extension of the inflammatory action and deposit of plastic matter.

The ulcerated surface, which is of large extent, discharges a large quantity of thin, highly-offensive pus, occasionally mixed with blood. The patient complains of a superficial lancinating pain, is extremely thin and pale, but sleeps well at night.

The morbid action is too far advanced for an operation to be of any service. The ulcer should be washed with a solution of the permanganate of potassa, to correct the foul odor of the discharge, and the patient must be supported by the administration of iron, quinine, milk punch, and a nutritious diet.

#### Paronychia.

Ellen T., fifty-five years of age, is suffering from a neglected whitlow, of six weeks' duration. The finger is enormously swollen, and presents several ulcers along its surface. The patient suffers from much pain in the affected parts, being unable to sleep from its severity. Her tongue is coated, and she has lost flesh and appetite.

This affection probably commenced in the cellular tissue of the finger, but the inflammatory action has now extended to all the structures of the part, even the joints being involved. In cases of this kind, when the morbid action extends to the periosteum, the pus which is formed is unable to escape, and is the cause of great suffering, from the tension which it produces, and if the case is neglected may give rise to exfoliation of the bone, or may extend up along the tendons, thus involving the wrist, or even the forearm in the morbid action.

The disease resembles furuncle or carbuncle very much, arising without any apparent cause, but is probably dependent upon disorder of the secretions. There is no abortive treatment for this affection, but it may be arrested, or at least modified soon after its occurrence, by making an incision along the diseased finger, being care-

ful to make the incision long and deep, carrying the knife down to the bone. Tension is thus relieved, and a free vent for the escape of pus furnished.

#### Talipes Varus.

E. K., five months old. Both feet are deformed in this case. The feet are restored to their natural position by the subcutaneous division of the tendo-Achillis, and the use of a little mechanical force. At the expiration of forty-eight hours, the limbs may be placed in the club-foot apparatus, which must be worn for six or eight months, the limbs being taken out occasionally, for the purpose of cleanliness.

#### Potts' Disease of the Spine.

1. Martha S., four years old. This case illustrates the good result from treating this disease by absolute recumbency. The actual cautery was applied to this child in July last, and her parents ordered to place her in bed, from which she was not to rise under any pretext whatever. She now presents herself cured of the disease, and with but little resulting deformity.

2. Helen D., five years of age, has been suffering from tuberculosis of the vertebræ for six months past. There is already some deformity, which it is now too late to relieve.

An issue must be made by means of the actual cautery, near the seat of the disease, and the child kept constantly in the recumbent position to avoid further deformity. The eschar made by the hot iron will drop off in from three to four days, and a freely suppurating surface left, which may be dressed with an ordinary poultice. Rigid recumbency, with a nutritious diet and chalybeate tonics, was enjoined.

#### Epithelioma.

Pat. D., sixty years of age. The tumor is situated on the edge of the lower lip, a little to the right of the medial line. It is of three months' duration. The base of the growth is indurated, and its surface ulcerated at several points, from which there is a slight discharge of a fetid character. The gum is sound, but toothless, and the frenum is free from disease, but the lymphatic glands at the base of the jaw are slightly indurated. This disease is called epithelioma, though it is really nothing more than scirrhus, its appearance being modified by the nature of the part affected. Death usually occurs in this affection, from nine to eighteen months from its commencement. A V-shaped portion of the lip, including the diseased structure, is removed, and the parts nicely adjusted by the twisted suture.

May 10th. P. D., the patient operated upon, a week ago to-day, presents himself this morning,

with the wound made by the knife entirely closed, and with but little deformity of the mouth, although a large portion of the lower lip was removed in the operation. The pins, which were introduced in making the twisted suture, were removed on the third day from the operation.

#### Fibrous Tumor of the Arch of the Palate.

John T., eight years of age, presents himself on account of a tumor of the arch of the palate, on the right side of the uvula, a remarkable situation for a growth of this kind. Hanging down into the fauces, it is of a grayish color, and interferes considerably with respiration and deglutition, and the voice is muffled.

It has increased in size quite rapidly since it was first noticed, two months ago. Judging from its feel, it is probably of fibrous nature, but whether of a benign or malignant character is uncertain.

It would be an easy matter to excise this tumor, but it is evident from its rapid growth that it must be very vascular, and might give rise to troublesome hemorrhage, if removed in this way. A silver wire, passed through a double canula, was therefore placed around the base of the tumor, and twisted tightly by turning the instrument on its axis. The tumor, thus separated from its attachments, was drawn from the mouth.

No hemorrhage followed. The lad returned in a week, perfectly well. A microscopic examination proved the morbid growth to be of a strictly fibrous structure. It had doubtless existed a considerable time before it attracted any attention.

#### Strumous Abscess.

Annie P., twenty-two years of age, has a tumor on the left side of her neck, just below the lobe of the ear, and extending over the jaw to a slight extent. The tumor is perfectly movable, and fluctuates under pressure. Upon introducing an exploring needle there is an escape of pus. This is a case of cold, strumous, or chronic abscess, having its origin in one of the lymphatic glands. The abscess is opened at its most dependent part, the pus evacuated, and a tent introduced. The following pill is prescribed, to be taken every night for several days.

R. Pil. hydrarg., gr. iij.  
P. ipecac., gr. ʒ. M.

#### Periostitis.

John Z., forty-eight years of age. This man has several openings through the integument, over the mastoid process of the temporal bone, of the left side. These openings discharge a small quantity of pus, and the surrounding parts are indurated and hypertrophied. A probe in-

troduced through one of the openings passes along a sinus of an inch or more in length, but cannot be brought in contact with the bone. The periosteum is probably affected in this case, with perhaps disease of the bone also.

R. Natri iodidi, ʒiij.  
Hydrarg. chlor. corrosiv., gr. iv.  
Aqua, f. ʒiv. M.

Take a teaspoonful three times a day.

Apply the dilute tincture of iodine to the affected parts.

#### Single Hare Lip.

Child five weeks old. The lip is first detached from its connection with the gum for some distance from the sides of the fissure. The edges of the fissure are then carefully pared and brought into apposition by means of a twisted suture.

May 17th. The parts have united nicely by the first intention; the pins were removed three days after the operation.

#### Gunshot Wound of the Femur.

Alexander W., twenty-two years of age. This man received a wound from a musket ball nearly two years ago. The ball, which entered the outer side of the thigh about its middle, is believed by the patient to be still remaining in the wound. There is an opening where the ball entered communicating with a sinus, of about four inches in length, from which pus is constantly discharged. A probe passed through the sinus fails to detect the presence of the ball, but there is evidently dead bone at the bottom of the passage. The sinus is slit open with a probe-pointed bistoury, and several pieces of dead bone removed with a pair of forceps.

The wound being syringed carefully, a piece of lint is introduced, in order that it may heal from the bottom.

#### Ganglion on the Wrist.

May 17th. George C., twenty-two years of age, has a tumor at the posterior surface of the right wrist, over the tendons of the exterior muscles of the index and middle fingers. The tumor feels very hard, as if it contained some solid substance. Upon cutting into the growth it is found to be filled with the ordinary contents of a synovial pouch. The inner surface of the bursa was brushed over with a dilute solution of iodine, and it was then closed by adhesive strips and collodion.

#### Ptosis.

Emma B., two years old, was operated upon for the relief of congenital ptosis about twelve months ago. The operation consisted in the removal of an elliptical portion of the skin and subcutaneous cellular tissue of the superior lid, with some of the



fibres of the orbicular muscle, and the approximation of the edges of the wound thus made by a few points of the interrupted suture. The patient is entirely relieved of her affection.

#### Oscena.

Elizabeth C., nine months old, is pale, emaciated, and hydrocephalic. She is suffering from an offensive discharge from the nostrils, and the nasal bones are diseased, as is shown by the flattening of the nose, the result probably of a syphilitic taint.

The prescription consisted of a teaspoonful of whiskey, and half a teaspoonful of cod liver oil three times a day, with the internal use of iodide of sodium and bichloride of mercury.

## EDITORIAL DEPARTMENT.

### Periscope.

Injuries sustained by the late President of the United States.

In the London *Lancet* is a paper by Mr. T. LONGMORE, Prof. of Military Surgery at the Army Medical School, where he quotes from the REPORTER the post-mortem appearance as furnished us by Ass't Surgeon C. S. TAFT, U. S. A., and also the following question: "Were the fractures of the orbital processes of the frontal bone, observed at the post-mortem inspection of the late President LINCOLN, produced by contre-coup?"

It will be remembered that the pistol-ball, a round one, was fired, as is well known, by the assassin from a distance of a few feet only, and struck the President on the back of the head. The autopsy showed that the projectile had penetrated the occipital bone one inch to the left of the longitudinal sinus; had driven before it for about three inches the piece of bone which it had punched out, as it were; and that, leaving this fragment behind, it had itself then passed on obliquely across, from left to right, through the brain-substance to the anterior lobe of the right hemisphere, in which it lodged, immediately over the right orbit. The ball did not strike the anterior part of the cranium, its force having been expended before reaching so far; yet, the orbital plates of both orbits were found to be the seats of comminuted fracture, the fragments being forced inward, and the dura mater covering them remaining uninjured. This double fracture was decided to have been caused by contre-coup.

Professor L. says: "If the term 'contre-coup' be limited to its precise signification of 'counter-stroke'—i. e., the impression made by the stroke on the part of the cranium opposite to

that directly struck by the ball—will the force of contre-coup explain the fractures in this instance? It seems very difficult to conceive that the orbital plates could be fractured by such a counter-stroke, while the portion of the cranial arch opposite to that which received the primary blow, including the expanse of the frontal bone and the several processes within which the orbital plates are held, and by which they are so strongly protected in all directions laterally, remained entire and unchanged. I am inclined rather to attribute the lesions mentioned to a transmitted undulatory stroke, or sudden impulse, of the brain-substance itself against the thin bony layers constituting the orbital plates. I am in possession of the notes of a case in which a similar fracture took place in one orbital plate, from a ball passing along—only grooving—the upper surface of the hemisphere lying over the plate broken. In this instance there was no reason to doubt that the impulse communicated to the brain-substance by the passage of the projectile had been continued on with sufficient force to this orbital plate to effect its fracture. The following is its history:

Michael C— was wounded in the head by a musket-shot on the 12th December. The ball entered the cranium over the anterior margin of the parietal bone of the left side, midway, between the squamous and sagittal sutures, and, passing backward nearly parallel with the surface, made its exit near the protuberance of the parietal bone, leaving a gap in the bone one inch and a half wide by three inches and a half long, and splintering it very extensively around the point of exit. Some of the superficial structure of the brain was carried away, and there was much hemorrhage. The right side of the body was paralysed. After recovering from the shock the patient became conscious, so far as to understand what was said to him, and to recognise persons about him; but, with the exception of a few disconnected expletives, he seemed never to have spoken after the injury.

He died on the 14th of January. At an examination after death, a large piece of the parietal bone was completely separated from the rest, and attached only to the scalp. The left lateral ventricle was open, and communicated with the exposed surface; its posterior and inferior cornua were filled with pus. The substance of the hemisphere seemed very little altered either in color or consistence; but over the whole of the surface which had been exposed by the injury, and leading down into the ventricle, there was an inflamed film infiltrated with pus, of not more than a tenth of an inch in thickness, which contrasted strongly with the appearance of the brain underneath. A portion of the left orbital plate of the frontal bone, about the size of a shilling, was fractured and depressed from the cavity of the cranium toward the eye, and there was a small quantity of coagulated blood round its edge. There was no mark of violence near this part externally; and the anterior lobe of the left hemisphere, which covered this bone, though injured above, as already stated, was quite sound from the base of the ventricle to its lower surface. The only explanation at all satisfactory was, that

this depression has been caused by a sudden impulse communicated to the substance of the brain above it by the ball on its entrance."

#### Atropia and Morphia.

In the July number of the *American Jour. Med. Sciences* is a paper by Drs. MITCHELL, KEEN, and MOREHOUSE, upon the hypodermic use of these agents, and their antagonistic action. They conclude from their experiments that—

1. Conia, atropia, and daturia, have no power to lessen pain, when used subdermally.
2. Morphia thus used is of the utmost value to relieve pain, and is most potent, in certain forms of neuralgia, the nearer it is applied to the seat of the suffering.
3. Morphia lowers the pulse slightly or not at all; atropia usually lowers the pulse a few beats within ten minutes, and then raises it twenty to fifty beats within an hour. The pulse finally falls about the tenth hour below the normal number, and regains its healthy rate within twenty-four hours.
4. Morphia has no power to prevent atropia from thus influencing the pulse, so that, as regards the circulation, they do not counteract one another.
5. During the change of the pulse under atropia, the number of respirations is hardly altered at all.
6. As regards the eye, the two agents in question are mutually antagonistic, but atropia continues to act for a much longer time than morphia.
7. The cerebral symptoms caused by either drug are, to a great extent, capable of being overcome by the other, but owing to the different rates at which they move to affect the system, it is not easy to obtain a perfect balance of effects; and this is made the more difficult from the fact already mentioned, that atropia has the greater duration of toxic activity.
8. The dry mouth of atropia is not made the less by the coincident or precedent use of morphia. Atropia does not constipate, and may even relax the bowels; morphia has a reverse tendency.
9. The nausea of morphia is not antagonized or prevented by atropia.
10. Both agents cause dysuria in certain cases, nor is the dysuria occasioned by the one agent relieved by the other.
11. Atropia has no ability to alter or lessen the energy with which morphia acts to diminish sensibility or relieve the pain of neuralgic disease.
12. As regards toxic effects upon the cerebral organs, the two agents are mutually antidotal, but this antagonism does not prevail throughout the whole range of their influence; so that, in some respects, they do not counteract one another, while, as concerns one organ, the bladder, both seem to affect it in a similar way.

#### The Contagiousness of Syphilis.

M. DIDAY affirms that all syphilitic lesions are to be regarded as contagious as long as ever they

exist; that, if they are not transmitted by one mode of contact, they may by some other mode; and that the capacity of a man to transmit syphilis, and especially by the act of generation, may survive, and even a long time, the disappearance of every syphilitic lesion.

#### Splint for Fractures of the Lower part of the Humerus.

At a meeting of the College of Physicians, (Oct. 5, 1864,) reported in the *Amer. Jour. of the Med. Sciences*, Dr. PACKARD exhibited a splint employed by him with advantage in cases of fracture of the humerus, especially when the lesion is seated at or below the middle of the bone.

For many years it was the custom in this city to use the external and internal angular splints devised by Dr. PAYRICK for cases of this kind. Not very long ago, however, there was substituted for these (by whom he had not been able to ascertain) a single angular splint, hollowed out so as to fit the anterior surface of the arm, forearm, and hand; the hand being of course kept in a state of supination. In many cases this splint answered an excellent purpose, especially when there was used in addition to it a posterior paste-board case for the lower part of the arm. But the supine position of the hand is not comfortable when long kept up, and the want of lateral support at the seat of injury sometimes gave rise to angular deformity.

It therefore occurred to him to add to the inside angular splint a piece shaped like the arm-part of the anterior angular splint, and this is the simple principle of the splint exhibited. The thick inner edge of the hollowed anterior part is fastened by nails to the edge of the upper portion of the inside splint. Its lower edge is carefully cut away, rounded, and smoothed to fit across the bend of the elbow. Its upper edge is pared down internally so as to form with that of the inside splint a line corresponding to the shape of the anterior wall of the axilla. It is upon the correctness of these lines above and below that the accuracy of the fit of the whole splint depends, and hence also its comfort and efficiency.

The patient's comfort is further promoted by cutting away the under edge of the forearm part of the splint so as to allow the hand to be somewhat abducted, as in BOWD'S splint. The hollow for the inner condyle is important in this as in all the other internal angular splints. Should the condyle be very prominent, or the arm very thin, it is better to make a hole, here, and round its edges very carefully.

#### Laceration in a New-born Child.

MR. R. KING PIERCE showed to the Obstetrical Society of London April 5, 1865 a fetus, born at full time, and exhibiting at birth two lacerations: one extending through the integuments transversely across the abdomen, about the level of the scrobiculus cordis; a second one across the throat, exposing all the vessels and muscles of the neck. The two lacerations had all the appearance of incised wounds; but the evidence was clear that they had not been produced by any act of violence other than of rapid delivery.—*Lancet*, June 3, 1865.

**The Mucous Membrane of the Neck of the Uterus.**

M. CORNIL considers the normal condition of this membrane as an "introduction to the study of the neoplasies of the neck of the uterus, and particularly of the group of affections called cancer." He points out that "the mucous membrane of the neck of the uterus differs completely in structure and functions from that of the body of the uterus." He concludes, that "the viscous liquid of the neck is furnished by glands which are peculiar to it; that the epithelium of these glands is cylindrical, very long and slender in new-born infants; that it is shorter by a third or half in adult women, whilst it preserves its cylindrical form; that often in these latter it is reduced to nuclei; that in the cavity of the neck, the elements of this liquid undergo a series of regressive metamorphoses. In studying the contents of the ovula Nabothi, we soon discover that the epithelium of the glands may be changed even more, and assume the pavement, stellate, and other forms." Further on he says, "The glands of the vaginal portion of the neck are like the simple glands of the intra-cavitary portion. All these glands differ from those of the mucous membrane of the body of the uterus, in that these last are simple follicles difficult to be seen well during the state of vacuity of the uterus, and remarkable by the changes which they undergo at the periods of menstruation and of gestation." A third division of this paper treats at length of the ovula Nabothi.—*Robin's Journal de l'Anatomie et de la Physiologie*, July, 1864, pp. 386-402.

**Alcohol as Food.**

The *Lancet* gives the following: Lately Dr. BRICHETEAN had to treat a little boy suffering from diphtheria; tracheotomy became necessary, and the young patient subsequently refused all food save sugared wine. For a whole month he took one bottle and a half of wine, besides about two ounces of rum per diem.

Query: Was it the alcohol, or the sugar, that served as "food?"

## Reviews and Book Notices.

Lectures on Surgical Pathology, delivered at the Royal College of Surgeons of England. By JAMES PAGET, F. R. S., Surgeon Extraordinary to Her Majesty the Queen; Surgeon in Ordinary to His Royal Highness the Prince of Wales; Surgeon to St. Bartholomew and Christ's Hospitals. Revised and edited by WILLIAM TURNER, M. B. Lond., F. R. C. S. E., F. R. S. E., Senior Demonstrator of Anatomy in the University of Edinburgh. Third American edition. Philadelphia: Lindsay & Blakiston. 1865. Price \$6.

The American profession is quite familiar with the lectures of Mr. PAGET, which were originally delivered at the Royal College of Surgeons, and subsequently collected and published in book form, the third American edition of which is now

before the public. This volume has been received with great favor among teachers and general professional readers. There appears to be very little new in the edition before us, at least incorporated with the text. The careful study by VIRCHOW of the development of connective tissue and cell origin, has so run athwart the commonly accepted modes, that Mr. PAGET would have been compelled to modify his chapters on repair did he accept the German teachings. These views are not introduced into the body of the text, but appended as foot notes, so that the reader may contemplate these most interesting subjects, if he desires, in the light of the latest histological researches. The literary execution of the work is unexceptionable, and the American publishers have presented the volume in an attractive style.

Contributions to Practical Surgery. By W. H. VAN BUREN, M. D., Professor of Anatomy in the University of New York; formerly one of the Surgeons of the New York Hospital, of the Bellevue Hospital, and Vice President of the New York Academy of Medicine; Consulting Surgeon to St. Vincent's Hospital and the Women's Hospital; Member of the Pathological Society, and the Medical and Surgical Society of New York; Member of the United States Sanitary Commission, etc., etc. Philadelphia: J. B. Lippincott & Co. 1865.

This volume, consisting of 208 pages, forms a collection of interesting surgical cases, which have appeared at different periods in the Medical Journals. We regard such a volume as an important contribution, and a positive advantage to the profession. Much of our most valuable medical and surgical writings are scattered over many years in medical periodicals, and much time is spent in searching number after number when it is desired to refer to special cases. It is presumed that when cases are prepared for a journal they possess points of more than ordinary interest, and so when they are grouped together the value of the volume is increased. It is to be hoped that others may imitate the example of Dr. VAN BUREN. The book is worthy of a general circulation.

**Resolvent Property of fresh Parsley Leaves, (*Petroselinum sativum*) in Engorgement of the Female Breasts.**

Dr. M. NEUCOURT highly extols [*Revue de Thér. Méd.-Chir.*, June, 1865,] the resolvent properties of the fresh parsley leaves in milk engorgements of the breasts. He relates three cases in which he resorted to this remedy with success. He had the breasts covered with fresh parsley leaves, and the application renewed three times a day.



## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 5, 1865.

## EPIDEMICS.

The attention of the English press, and that of Europe generally, is again drawn to the subject of epidemics by the occurrence of cholera, which, at last accounts, is said to have appeared in Birmingham. It may be that anxiety, caused by the terrible accounts of the ravages of the epidemic at Alexandria and other places in the East, has exaggerated the facts upon which these reports are founded; yet, in view of former experience, the ordinary history of cholera, as far as regards its mode and direction of travel, and the time which has elapsed since the last epidemic in the United States, no one, we think, would be surprised, if the scourge should soon make another leap across the Atlantic, and place us under contribution. "Forewarned is to be forearmed,"—and the old adage is as true in regard to epidemics as to anything else.

There seems to be no doubt that during the past two months, and even before, during the month of May, there has been a greater tendency than usually during the season, to gastric and intestinal irritation, diarrhoea, cramps, cholera morbus, and kindred disorders. We have been assured that the same tendency has been observed recently among our troops, before their muster-out; there has also been manifest, we are told, a remarkable tendency to jaundice during the last month. In travelling from Washington to New York, and going through the principal cities on the route, one meets hundreds of persons with a yellow tinge about the eyes and face, not sufficient to deserve the name of a full jaundice, but causing a strong suspicion in the mind of the observer of the presence of some general morbid influence, atmospheric or otherwise.

In addition these phenomena we learn that severe sporadic cases of cholera have already occurred in various localities, and some have been fatal.

Hence we should at this time most earnestly urge upon the public mind, and force upon the attention of the officials in our cities and towns, to whom their sanitary condition is entrusted, the fact which has been fully and satisfactorily demonstrated by experience, that epidemics may be avoided, at least their course, form, and mortality rendered much less severe, by the simplest measures of *personal and public cleanliness*. It is probably nothing but the strict military police

enforced in the cities of New Orleans, Savannah, Norfolk, Portsmouth, etc., during the last three or four years, enforcing clean streets and the removal of all foul and noxious refuse, that kept us free from any severe epidemics of yellow fever; and how remarkably exempt from any general epidemic our armies have been during the war, has as often been a subject of thanksgiving, as it has shown how far a simple regard for the laws of hygiene may avert disease. Even the late Russian epidemic, which was at one time believed to be a new disease, but turned out to be essentially typhous in its character, is in the official accounts of the Russian Government attributed to "bad hygienic arrangements; to the consumption of vegetables which have been grown under unfavorable climatic conditions; to the immoderate use of spirits made from grain by the working and lower classes; to an unusual agglomeration of workmen in the capital toward last autumn, which occasioned a considerable crowding in their dwellings."

Beside the ordinary causes which lead to the origin and spread of epidemic diseases, we have in our midst, one peculiar to the nation and incidental to its late history. Probably there are distributed throughout the land, in city and country, both North and South, nearly one million and a half of returned soldiers, who have been thrown back more or less suddenly, from the peculiar life, habits, and diet of the field and camp to those of civil life. These sudden changes, previous exposure to malarial influences, to which the system has become to some extent susceptible, a scorbutic tendency perhaps, at least a somewhat impoverished condition of the blood, in consequence of too monotonous and restricted diet, predispose the returned soldier to attacks of disease, and form an element which, in case of the occurrence of an epidemic, would be of no small importance in its causation, course, and severity.

However, while we should be prepared, and make all efforts to have everybody and every dwelling and street put in the best hygienic condition possible, so that if the epidemic should come, it may be as mild in form and extent as human exertion can render it, let us at the same time remember that unnecessary alarm, with its concomitant depression, excitement, and fear of mind, in the public, are equally to be avoided with the physical agents of disease.

M. CZERMAK, of Prague, has been appointed Professor of Physiology at Jena.

## Notes and Comments.

### General Hospitals at Washington.

There remain but about two thousand patients in the Army General Hospitals in Washington and vicinity. These are concentrated in the Armory-square, Douglass and Stanton hospitals, while the remaining hospitals are being vacated and closed.

### Anæsthesia by Nitrous Oxyd.

There seems to be a disposition to return to the use of the original anæsthetic nitrous oxyd.

It was lately employed by Dr. CARNOCHAN, of New York, in the amputation of a cancerous breast. The patient was in delicate health, and Dr. C. preferred the use of nitrous oxyd to any of the other anæsthetics, in her case.

Dr. COLTON administered the gas, and by alternating it with atmospheric air, the lady was kept in a gentle sleep, and entirely insensible to pain. The time occupied by the operation was sixteen minutes, and forty gallons of gas were used. Not a muscle moved during the anæsthetic sleep—the breathing appeared easy and natural—and the pulse remained full and strong. There was no nausea or sickness; and on waking the patient appeared as fresh as when waking from a natural sleep. Dr. COLTON stated that he believed he could have kept the lady asleep two hours as easily as sixteen minutes. Dr. CARNOCHAN expressed himself highly pleased with the operation of the gas, as also did Dr. MARCY, who was present.

**ERRATUM.** In Dr. KEYES' communication last week, page 82, on the use of arsenic by smoking with tobacco, the quantity of FOWLER's solution used should read, f.ʒiv. to *half* a pound of fine cut tobacco.

## News and Miscellany.

### Pension Examining Surgeons.

The following appointments of examining surgeons have been made by the Commissioner of Pensions:—

Dr. John L. Perry, for Saratoga Springs, New York; Dr. D. M. Benedict, Washington, D. C.; Dr. John Conant, Prairie du Chien, Wisconsin; Dr. Thomas S. Stanway, New Boston, Illinois; Dr. James E. Reeves, Fairmount, West Virginia; Dr. J. M. Todd, Bridgeport, Ohio; Dr. George W. Marser, Scranton, Pa.

### University of Edinburgh.

Mrs. T. BRUCE has presented £10,000 to the Edinburgh University for the founding of prizes and scholarships for the purpose of aiding and encouraging students in all the Faculties.

### A Statue to Jenner.

A musical celebration of a singular kind, a *fête* on the inauguration of a statue to JENNER, of vaccination memory, is to be held at Boulogne next month. M. ELWART has written a choral piece for the occasion, called "A Hymn to Beauty," to be sung by the Orphéonists of the place.

### Homœopathy in the French Senate.

In the Senate, on the 1st ult., a debate took place upon a petition in favor of certain privileges to be accorded to homœopathic doctors. M. DUMAS and M. DUPIN condemned the principles of homœopathy, which were defended by M. BONJEAN and M. THAYER. The Senate then passed to the order of the day.

### Recovered Damages.

Dr. HENRY G. CLARK, formerly city physician of Boston, has recovered six thousand seven hundred dollars damages for injuries received by falling upon ice in that city. He sued for twenty thousand dollars.

### Cure for Drunkenness.

The *Boston Med. Journal* says the following cure for drunkenness is practiced in Holland. The patient is shut up in a room and debarred all communication, except with his physician. As often as he pleases, spirits (brandy, whiskey, gin, etc.) are given him, but mixed with two-thirds water; so, also, are all other drinks, as well as beer, coffee, or wine, mingled with one-third water. The various kinds of food, too, that are furnished him—bread, meat, etc.—are all prepared with brandy, consequently the patient is in a state of continual intoxication. This lasts about five days; at the end of that time, he asks with entreaty for other nourishment, without his request being complied with, and that until his organs absolutely abhor any alcohol. The cure is complete, and from this period the very smell of spirits produces on him almost the effect of an emetic.

### Bromide of Ammonium in Pertussis.

Dr. KUCHENWEISTER states that additional experience confirms the favorable opinion he formerly expressed concerning the value of this medicine. He gives of a concentrated solution of the bromide

from five to fifteen drops three times daily, according to the age of the child, proceeding to the larger quantity named only gradually.—*Medical Times and Gazette.*

#### Statistics of Life in England.

Dr. W. FARR, of the General Register's Office, has completed his supplementary volume on the mortality of England in the ten years 1851-60, the census of 1851 and of 1861 furnishing the means of comparing the population with the deaths. He tells the story of life from its beginning. There is little definite information respecting the rate of embryonic mortality; but some years ago Dr. GRANVILLE collected statistics of the history of 400 mothers, married women, who applied to the Westminster General Dispensary, and found that though 272 of them only had live children, the other 128 had in the previous ten years borne 556 live children and 305 dead embryos, the latter most frequently in their earlier months, just as the mortality in the first year of breathing life increases rapidly as we proceed backward from the twelfth to the third, second, and first month. In the twenty-six years 1838-63, there were registered in England the deaths of no less than 2,374,379 infants born alive, but not living for a single year. At this present time 100,000 infants of less than a year old, die every year in England. The French returns in 1856 are very minute, and show in 1856 a mortality of 154 per cent. per annum in the first seven days after birth, 120 in the second seven days, and 54 in the sixteen days following.

The mortality among children under five years of age in the ten years 1851-60, was very little over 4 per cent. in the more healthy districts of England; in one or two thinly-peopled districts in the extreme north it was under 2.5 per cent. Among the children of peers it has been calculated to be little over 2 per cent.; among children of the clergy in 1829 and 1858 rather over 3 per cent. On the other hand, there are 151 districts of England, where, taken as a whole, the child mortality of 1851-60 exceeded 8 per cent. There were in those districts in 1861, 1,391,420 children, and every year nearly 65,000 more die than if the death-rate was the same as in healthy districts. In the ten years, 1851-60, the mean annual mortality among children under five, was 10.149 per cent. in the city of London, (east division); 10.219 in Nottingham; 10.852 in St. Giles; 11.725 in Manchester district; and 13.198 in Liverpool district. There is no reason to suspect that any great number of the infants in these districts fall victims to deliberate crime; but there is, no doubt, great negligence on the part of parents, great ignorance of the conditions on which health depends, and great privation among the poor. It may be said that the weaker lives are thus cut off, but it must be borne in mind that many of the strongest children are weakened for life.

Passing on to the higher ages, we find the rate of mortality declining with every year of life up to twelve or thirteen, when it is at its lowest. Between ten and fifteen years of age less than five boys in a thousand die in the year. Twenty years later in life the mortality is doubled, and

goes on increasing to the close. At all ages the variation in the rate in different districts is shown to be very striking. The mortality of men in towns demands a careful investigation. At 45-55 the mortality of London men is not far from double that of men in the healthy districts of the country. It is much higher at every age than the mortality of women in London. Ill-ventilated workshops may have something to do with this, and so may indulgence in spirits and other stimulants. The workmen in all large towns suffer as much as, and often more than, the workmen of London. For instance, at the age 25-35, and again at the age 35-45, and again at the age 45-55, the workmen of Liverpool, Manchester, Bristol, and Newcastle-upon-Tyne die at a still greater rate than the men of London. In the ten years 1851-60, the deaths in thirty large town districts of England, with an aggregate mean population of 2,541,630, comprising seven London districts and the principal provisional town districts, averaged 71,194 a year, while the deaths at the same rate in healthy country districts would have been only 38,459—an annual loss of above 32,000 lives in much less than a seventh of the population.

If the mortality of all England is arranged in five great groups, the following result appears: Where the mortality was 14, 15, or 16 per 1000 persons living, the population was only 86 to the square mile; where the mortality was 17, 18, or 19, the population was 172 to the square mile; where 20, 21, or 22, 255; where 23, 24, or 25, 1128; and where 26 and upwards, 3339. Yet there can be no doubt that mere proximity of dwellings does not necessarily involve a high rate of mortality. If an adequate water supply and sufficient arrangements for draining and cleansing are secured, the evils which make dense districts so fatal may be mitigated. It is remarkable that some of the dense districts of cities are already comparatively salubrious. The mortality of a district is by no means bound to its density of population. Bermondsey is less densely inhabited than St. James', Westminster, but the mortality is considerably greater. Next to each other in these tables stand Westminster district (St. John's and St. Margaret's), and the district of St. George, Hanover Square, with equal density of population in each taken as a whole; but the former has a mortality far heavier than the latter. It is also to be noted that in London the mortality fell from the annual rate of 25 per 1000 in the decenniad 1841-50 to 24 per 1000 in 1851-60. The mortality of Lancashire and Cheshire also declined from 27 to 26. Taking all England, though the growth in numbers, of course increased the density of population, the rate of mortality did not increase, but continued at 22 per 1000.

## Army and Navy News.

### ARMY.

DEPARTMENT OF PENNSYLVANIA.—The Medical Department of Pennsylvania having ceased to exist, the command will hereafter be designated the District of Pennsylvania. Below are the names and term of



office of all medical officers who have been in the Medical Director's Department of Pennsylvania, and chief medical officers in the District of Philadelphia during the rebellion:

Act'g Assistant Surgeon JOHN NEILL, United States Army, Chief Medical Officer from May 1861, to May 1862. During his term of office, general hospitals were established at Tenth and Christian streets, Twenty-fourth and South streets, Fifth and Buttonwood streets, Twenty-second and Wood streets, Broad and Cherry streets, and Satterlee Hospital, West Philadelphia, commenced. Relieved by the assignment of Surgeon G. E. COOPER, United States Army, as Medical Director, May, 1862, who, in turn, was relieved by Surgeon W. S. KING, United States Army, June 1st, who was retained as Medical Director until October 1st, 1863. Surgeon KING was on duty in the field three months in the summer of 1863, during which time Surgeon E. SWIFT, United States Army, performed the duties of Medical Director at Philadelphia.

The following General Hospitals were established under the supervision of Surgeon KING, viz., Chester, Mower, McClellan, Turner's Lane, Catharine street, Haddington, Summit House, Hestonville, Sixth and Master streets, Fourth and George streets, Twelfth and Buttonwood streets, Race street, Crown street, Cuyler, Citizens' Volunteer, Wilmington, Del., and Islington Lane.

Surgeon KING was relieved October 1st, 1863, by Surgeon JOHN CAMPBELL, United States Army, who retained the office until the department ceased to exist, July 26, 1865. Surgeon CAMPBELL established the General Hospitals at Beverly, New Jersey, and White Hall, near Bristol, Pennsylvania, in the summer of 1864, and increased the capacity of other hospitals, making the total capacity for the accommodation of patients 25,000 beds. In the spring of 1864 the department was enlarged so as to include the whole State of Pennsylvania, adding two to the number of large general hospitals, and bringing in a large number of post hospitals. The largest number of patients in hospitals at one time was 22,000, in July, 1864, since which time the number has diminished, until at this date only about 700 remain. Total number treated, about 150,000.

Great credit is due Colonel CAMPBELL for the energy displayed in closing hospitals, and promptness in discharging supernumary officers and employees, thus effecting a saving of thousands of dollars to the Treasury. Colonel CAMPBELL has been twice breveted for meritorious conduct.

The following named officers have been connected with the Medical Director's office in official capacities—Surgeons A. K. Smith, G. Letterman, and A. Meger, United States Army; Surgeons R. H. Gilbert and R. S. Kenderdine, United States Volunteers; Assistant-Surgeons C. H. Alden, H. S. Schell, and William P. Grier, United States Army, the last two being still on duty in the office, assisting in the arduous duties of closing up the affairs of the department.

Colonels John Le Conte and E. H. Coolidge have served as Medical Inspectors of the Department of Pennsylvania.

**DISCHARGED.**—The following Surgeons have been honorably discharged the service, their services being no longer required: William Hays, Lovington Quick, H. L. W. Burritt, James D. Strawbridge, Alexander B. Mott, N. R. Derby, A. E. Stocker, J. Owen, D. Meeker. Surg. Thomas F. Perley, formerly Medical Inspector U. S. A. on General Hammond's staff, who resigned in consequence of difficulties with that officer, and was afterwards appointed a surgeon of volunteers, is among the officers honorably discharged.

**PROMOTED.**—Dr. John Campbell, Medical Director of the Department of Pennsylvania, has been promoted to Brevet-Colonel, United States Army, for meritorious services during the war.

### MARRIED.

**CHAMBERLAIN—SPLENT.**—In this city, on the 29th ult., by the Rev. P. Reilly, of St. Johns, Dr. John Chamberlain and Miss Annie Splint of this city.

**TORREY—KEYSER.**—In St. John's, Yonkers, N. Y., on Thursday, July 27, by Rev. Dr. Carter, Dr. Chas. W. Torrey of New York, and Mrs. Catharine B. Keyser, of Baltimore, Md.

### DIED.

**BELT.**—In this city, July 31st, Richard Grafton Belt, M. D., in the 82d year of his age.

**DUNGLISON.**—At Hillside, Delaware county, Pa., July 31st, Bella Robley, youngest child of Dr. J. Robley and Bella W. Duglison, aged 1 year and 5 days.

**PRICE.**—In New York, on Monday, July 24, of inflammation of the bowels, Perry G. Ellsworth, youngest son of Dr. E. V. and Margaret Price, aged 8 years, 4 months, and 13 days.

**BAHR.**—At Harney, Carroll county, Md., July 14, 1865, of cholera infantum, Francis Jacob, only son of Dr. John L. and Jane Baehr, aged one year, eight months, and twenty-eight days.

**CHICHESTER.**—In New Canaan, Connecticut July 29th, Dr. C. Chichester, late of Pottsville, Pa., aged 72 years and 18 days.

### ANSWERS TO CORRESPONDENTS.

**Dr. E. A. O., Tuscarawas, Ohio.**—We would recommend Bumstead on Venereal.

**Dr. F. L. K., Jerseyville, Canada West.**—Hypodermic injection syringe sent by mail, 28th ult.

**Dr. J. H. R., Perryburg, Ohio.**—Hypodermic injection syringe sent by mail, 28th ult.

**Dr. J. M. M., French Island, Ind.**—Set of Tooth-Extracting instruments sent by express, 28th ult.

**Dr. T. S. C., Washington, D. C.**—Kidder's Electro-magnetic machine is a superior article, compactly and neatly put up, and will, no doubt, prove satisfactory. We know of none better.

### METEOROLOGY.

July	24.	25.	26.	27.	28.	29.	30.
Wind.....	S. W.	N. W.	W.	S. W.	S.	S. W.	N. E.
Weather.....	Clear.	Rain.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....		3-10					
Thermometer.							
Minimum.....	66°	70°	71°	69°	70°	75°	71°
At 8 A. M.....	77	72	77	77	82	82	78
At 12 M.....	81	87	81	83	88	86	80
At 3 P. M.....	84	87	83	84	88	86	81
Mean.....	77.	79.	78.	78.25	82.	82.25	77.40
Barometer.							
At 12 M.....	30.1	30.	30.1	30.	30.	30.	30.2
Germantown, Pa.				B. J. LEEDOM.			

### WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.

Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.

" VI. Nos. 1, Aug. 3, 10, '61.

" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 6, '62.

" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.

" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.

" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.

" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct. 22, 29, '64, Feb. 4, '65.

♣ We are in pressing need just now of a few copies for new subscribers, of No. 414, Feb. 4, 1865.